

1025774



**Bell Laboratories, Inc.**

3699 Kinsman Boulevard, Madison, Wisconsin 53704 U.S.A. / 608/241-0202 / Fax: 608/241-9631 / [www.belllabs.com](http://www.belllabs.com)

22 October 2013

Document Processing Desk - 6A2  
Office of Pesticide Programs - 7504C  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Ave. N.W.  
Washington, DC 20460

Re: FIFRA Section 6(a)(2) – Voluntary Industry Report for Adverse Effects Incident Information

Enclosed, please find our Voluntary Industry Report for Adverse Effects Incident Information submitted in accordance with FIFRA section 6(a)(2). Also, in accordance with FIFRA section 6(a)(2), and as specified under 40CFR Part 159.156, we include the following information in this cover letter.

Submitter: Craig A. Riekana  
Compliance Manager  
Bell Laboratories, Inc.

Registrant Name: Bell Laboratories, Inc.  
3699 Kinsman Blvd.  
Madison, WI 53597

Transmittal Date: 22 October 2013

Submission: Voluntary Incident Report

Reportable Substance(s):

Product	EPA Reg. #
Zinc Phosphide (non-specific)	Not given
Tomcat with Bromethalin Bait Chunx	12455-132-3240

Sincerely,

Bell Laboratories, Inc.

Craig A. Riekana  
Compliance Manager  
Bell Laboratories, Inc.  
[criekena@belllabs.com](mailto:criekena@belllabs.com)



# \*Personal privacy information\*

-001

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 1242653
Administrative Data	Address  <b>San Marcos, CA 92078 USA</b>		Address  <b>Update to ID 25671</b>	
	Phone # [REDACTED]	Phone #		
	Incident Status: <b>New</b>	Location and date of incident <b>San Marcos, CA USA Chronic: &gt;3 months</b>	Date registrant became aware of incident. <b>09/08/2013</b>	Was incident part of larger study? <b>No</b>
Row 2	EPA Registration # (Product 1)	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 name <b>Zinc Phosphide (non-specific)</b>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <b>No</b> Intentional misuse? <b>No</b>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <b>Own Residence</b>	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <b>See Incident Description Notes</b>	
Incident Circumstances	Applicator certified? <b>UNK</b>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <b>See Incident Description Notes</b>			



# \*Personal privacy information\*

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

### Brief description of incident circumstances.

*Roman, Youssef Sep 8 2013 9:30PM*

*Hx:*

*This caller initially started asking about whether her symptoms of diarrhea, stomach distension, and abdominal pain were related to exposure to Zinc Phosphide. The caller reported an extensive hx with exposure to this chemical because it was dumped in her backyard for so long. She also mentioned having a very sensitive immune system to chemicals and can't take many drugs. She also mentioned having an extensive legal hx against the company and director that used to dump these chemicals in her backyard. She also reported seeing physicians to help with this exposure issue and whether her symptoms are related to her auto-immune disease or exposure, but it seems to fail each time she sees a medical provider. Caller tended to be racing herself while talking and couldn't keep her thought process together, and she went back and forth with her current situation medically, legally, and socially*

*A:*

*Informed the caller that given her PMH, it's hard to determine whether her sx's are associated with exposure or immune system flare up. Advised the caller to seek medical attention and get checked by a physician to determine the actual cause of this problem. I gave her my email address to send me some information related to her health and background information on the exposure, and provided her a with case # to refer to in the near future.*

\*\*\*\*\*

*Brutlag, Ahna Sep 9 2013 10:35AM*

*Reviewed. Case detail report sent to client.*

\*\*\*\*\*

*Brutlag, Ahna Sep 9 2013 10:48AM*

*Email from [REDACTED] consisting of her formal complaint to the San Diego Dept of Ag has been attached to case.*

3

# Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <b>52 Year(s)</b> Sex: <b>Female</b> Occupation (if relevant) <b>NA</b>	Exposure route: <b>Unknown route</b>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <b>No</b>	Was protective clothing worn (specify)? <b>None Reported</b>
If female, pregnant? <b>NO</b>	Was exposure occupational? <b>Not indicated</b> If yes, days lost due to illness: <b>NA</b>	Time between exposure and onset of symptoms: <b>8 hrs or less</b>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <b>Private MD/DVM-treated &amp; released</b>	List signs/symptoms/adverse effects <b>Gastrointestinal-Abdominal Pain</b> <b>Gastrointestinal-Abdominal distension</b> <b>Gastrointestinal-Diarrhea</b> <b>Gastrointestinal-Emesis/Vomiting</b>	If lab tests were performed, list test names and results (If available, submit reports) <b>None Reported</b>	
Exposure data: <b>NA</b> Amount of pesticide: <b>NA</b> Exposure duration: <b>Chronic:</b> <b>&gt;3 months</b> Patient weight: <b>Unknown</b>			
Human severity category: <b>HC</b>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID  
**1242653**

-002

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

*White, Vicki Sep 14 2013 10:30AM*

*Hx Caller states her health began to decline 2 wks ago and she suspects her husband may be doing something to her. She is asking what would happen if someone ate Tomcat. She does not have product information, she thinks it contains bromethalin. Caller states 2 days ago she felt very sick with 'sky high' BP of 180/80, the top of her head hurt and felt swollen, she felt dazed, her ears felt 'full' and her throat hurt, she felt weak, and her heart was pounding, and her eyes were red, she had trouble walking. She states she took lots of goldenseal and aspirin. Today her voice is hoarse, BP is normal. These sx's are getting better each day. She believes her husband is putting something in her coffee because it tastes sweet. She has discussed this with her doctor who took blood to test for heavy metals.*

*A If you can, get the EPA # from the packaging and we can give you more exact info. Discussed assorted rodenticide a/i's. All of them have bittering agents in them that make them taste very bad, it would be hard to cover it up. Discussed possible sx's of bromethalin. If you have ingested enough product to cause sx's, and it would not be a tiny amount, I do not believe it would go away on its own. There's very little info on human exposures and some of what you've experienced could possibly be from this. You definitely have something going on and you do need to follow up with your doctor. If you do not feel you are safe in your home you should leave. Caller's husband came home and she quickly disconnected. Gave case # but did not have time to acquire phone or zip.*

\*\*\*\*\*

*Swedlund, Christy Sep 14 2013 5:03PM*

*Hx: Caller is calling back with the EPA #.*

*A: Discussed Bromethalin toxicity with the caller i.e. cerebral edema and neurological s/sxs i.e ataxia, seizures, tremors. Due to sx's described recommend MD eval. immediately. Bring product information with you and have the doctor contact us using your case reference number if more information or consultation is needed*

\*\*\*\*\*

*Welch, Sherry Sep 15 2013 7:30AM*

*Dr. Villegas called to discuss the case. Discussed expected clinical signs if a toxic dose is ingested. Bromethalin uncouples oxidative phosphorylation in the mitochondria of the central nervous system leading to a decreased production of ATP and cerebral edema. There is no well identified toxic dose in humans, nor is LD50 data available in humans. In addition, there is no test for bromethalin.*

\*\*\*\*\*

*Anderson, Traci Sep 15 2013 12:47PM*

*Reviewed.*

\*\*\*\*\*

*Yeager, Greg Sep 16 2013 11:22AM*

*Attempted CB. Left a message requesting follow up. Reset.*

\*\*\*\*\*

*Yeager, Greg Sep 17 2013 9:39AM*

*Attempted CB. Left a message requesting follow up.*

6

# Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <b>64 Year(s)</b> Sex: <b>Female</b> Occupation (if relevant) <b>NA</b>	Exposure route: <b>Unknown route</b>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <b>No</b>	Was protective clothing worn (specify)? <b>None Reported</b>
If female, pregnant? <b>NO</b>	Was exposure occupational? <b>Not indicated</b> If yes, days lost due to illness: <b>NA</b>	Time between exposure and onset of symptoms: <b>Unable to determine</b>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <b>Private MD/DVM-unknown disposition</b>	List signs/symptoms/adverse effects <b>Cardiovascular-Hypertension</b> <b>Cardiovascular-Palpitation</b> <b>Gastrointestinal-Throat Irritation</b> <b>Neurological-Confusion</b> <b>Neurological-Headache</b> <b>Neurological-Muscle weakness</b> <b>Neurological-Difficulty walking</b> <b>Ocular-Redness/Conjunctivitis</b> <b>Miscellaneous-Laryngitis/Voice loss</b>	If lab tests were performed, list test names and results (If available, submit reports) <b>None Reported</b>	
Exposure data: <b>NA</b> Amount of pesticide: <b>NA</b> Exposure duration: <b>Acute &lt; 8hrs</b> Patient weight: <b>Unknown</b>			
Human severity category: <b>HC</b>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
**1246240**